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**Return of Organization Exempt From Income Tax** 

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

► Do not enter social security numbers on this form as it may be made public. ► Information about Form 990 and its instructions is at www.irs.gov/form990. OMB No 1545-0047

2016

Open to Public

Inspection

Department of the Treasury Internal Revenue Service

SCANNED OCT 3

For the 2016 calendar year, or tax year beginning 2016, and ending Name of organization D Employer identification number NEIGHBORHOOD INVESTMENT CORPORATION Check if applicable Address change Doing business as 42-1522241 Number and street (or P O box if mail is not delivered to street address) Room/suite Telephone number Name change Initial return 1620 PLEASANT STREET 200 (515) 288-0715 City or town, state or province, country, and ZIP or foreign postal code Final return/terminaled DES MOINES **G** Gross receipts \$ Amended return 50314-1675 186,408 H(a) Is this a group return for subordinates? F Name and address of principal officer Application pending Yes H(b) Are all subordinates included?
If 'No,' attach a list (see instructions) No JACK PORTER 815 - 18TH STREET DES MOINES IA 50314 X 501(c)(3) Tax-exempt status ) ◀ (insert no ) 4947(a)(1) or Website: ► N/A H(c) Group exemption number X Corporation Form of organization Trust Association Other P L Year of formation M State of legal domicile 2003 IA Summary Part I Briefly describe the organization's mission or most significant activities PROVIDE AN ALTERNATE SCHOOL FACILITY FOR 10 YEARS AT NO COST (70% OF GROUND FLOOR) AND OFFICE SPACE & Governance CONFERENCE FACILITY FOR NON-PROFIT ENTITIES AT A NOMINAL COST If the organization discontinued its operations or disposed of more than 25% of its net assets Number of independent voting members of the governing body (Part VI, line 1b) . 0 Total number of individuals employed in calendar year 2016 (Part V, line 2a) . . . 5 6 5 7a Total unrelated business revenue from Part VIII, column (C), line 12. 0. b Net unrelated business taxable income from Form 990-T. line 34 . . . . . . . . . . . 0. Prior Year **Current Year** Contributions and grants (Part VIII, line 1h)..... 63,000. 107,658. 145,491 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . . . . 15,750. 15,750. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . . . . Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . . . 186,408. 161,241 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . . . . . . . . . . . . . . . . . 10,500 19,193 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) . . . . . 16a Professional fundraising fees (Part IX, column (A), line 11e) . b Total fundraising expenses (Part IX, column (D), line-25)-17 Other expenses (Part IX, column (A), lines 11a-11d 11f-24ex CCLIVEL). 84,257. 93,861. Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 94,757 SĊ 113,054. Revenue less expenses Subtract line 18 from line 19 66,484. 73,354. RS **End of Year Beginning of Current Year** 20 Total assets (Part X, line 16) . . . 1,658,367. 2,056,162. 21 Total liabilities (Part X, line 26) . . . . . . . . . 324,441. 22 Net assets or fund balances Subtract line 21 from line 20 1,658,367. 1,731,721 Part II Signature Block Under penalties of perjury, I declare that I have exacomplete. Declaration of preparer (other than office return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and be lief in the preparer has any knowledge. Signature of officer Sian JACK C PORTER

Type or print name and title Here PRESIDENT Print/Type preparer's name Scott D Rhodes CPA D Rhodes 08/15/17 P00193406 self-employed Paid RHODES, WIEDER & ELLIS, Preparer **Use Only** Firm's address 2900 WESTOWN PKWY STE 130 42-1422719 WEST DES MOINES TΑ 50266 (515) 244-9606 Yes No

BAA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2016)

TEEA0101 11/16/16

Form 990 (201		42-1522241	Page 2
	tatement of Program Service Accomplishments heck if Schedule O contains a response or note to any line in this Part III		Г
	escribe the organization's mission		
	DE AN ALTERNATE SCHOOL FACILITY		
	O YEARS AT NO COST (70% OF GROUND FLOOR) AND OFFICE SPACE	<del>-</del>	
	RENCE FACILITY FOR NON-PROFIT ENTITIES AT A NOMINAL COST.	<u>~</u>	
20111 1	REMODE LACIDITY FOR NOW PROTEST BRITISHED AT A NOMINAL COST.		
2 Did the o	rganization undertake any significant program services during the year which were not listed on th	e prior	
Form 990	or 990-EZ?		res X No
If 'Yes,' d	escribe these new services on Schedule O	L.J	
3 Did the o	rganization cease conducting, or make significant changes in how it conducts, any program servic	es? 🗍 🤚	Yes X No
If 'Yes,' d	escribe these changes on Schedule O		
Section 5	the organization's program service accomplishments for each of its three largest program services 01(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to nue, if any, for each program service reported	s, as measured by exp others, the total expe	penses enses,
4 a (Code	) (Expenses \$ 113,054. including grants of \$ 19,193.)	(Revenue \$	186,408.
PROVI	DE OFFICE SPACE AND A CONFERENCE FACILITY FOR NON-PROFIT		<u>-</u>
ENTIT	IES AT A NOMINAL COST.		
			· <del>-</del>
4 b (Code	) (Expenses \$ including grants of \$ )	(Revenue \$	
4 c (Code	) (Expenses \$ including grants of \$)	(Revenue \$	
		<del></del>	
<b>-</b> -			· <b>-</b>
		<b></b>	
<del>_</del>			
		<b></b> -	
4404	and the second of the second o		
4 d Other pro (Expense	gram services (Describe in Schedule O ) s \$ including grants of \$ ) (Revenue	\$	)
	gram service expenses ► 113,054.	<u>*                                    </u>	
AA	TEEA0102 11/16/16		Form <b>990</b> (2016)

### Part IV Chècklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete X 1 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? . . . . . . . . 2 Χ Χ 3 Х 4 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III . . . Χ 5 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Χ 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, the 7 Х Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' Χ 8 X Х 10 If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, 11 or X as applicable a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule 11 a Χ X 11b c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total 11 c Χ d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported 11 d Χ e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X. . . . . X 11e f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X . . . . . Χ 11 f Χ 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered No to line 12a, then completing Schedule D, Parts XI and XII is optional . . . . . . Χ 12b 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E. . . . . . . Χ 13 14a Did the organization maintain an office, employees, or agents outside of the United States? . . . . . . . Χ 14a b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising Χ 14b Χ 15 Χ 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, Χ 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, 18 Х Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III.

X

Part IV Checklist of Required Schedules (continued)

	· ·		Yes	No
20a	a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20a		Х
b	If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22		Х
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Schedule J	23		Х
24 8	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25a	24a		Х
ı	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
(	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		L
(	1 Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		Х
ŀ	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons?  If 'Yes,' complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
ā	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		X
t	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes.' complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If 'Yes,' complete Schedule R, Part I	33		X
	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1	34		X
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
t	olf 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?  Note. All Form 990 filers are required to complete Schedule O	38	Х	

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Form 990 (2016)

42-1522241

Part V Statements Regarding Other IRS Filings and Tax Compliance			_
* Check if Schedule O contains a response or note to any line in this Part V	<del>-                                    </del>	Yes	No
1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable		163	-110
b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	-		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c		
2 a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State-	-		
ments, filed for the calendar year ending with or within the year covered by this return	2 b		
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	20		
3 a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a		<u>-</u>
b If 'Yes,' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O	3 b	$\dashv$	
4 a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			Х
financial account in a foreign country (such as a bank account, securities account, or other financial account)? b If 'Yes,' enter the name of the foreign country ▶	4 a		
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)	Ì	Ì	
5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		X
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c		
6 a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization			
solicit any contributions that were not tax deductible as charitable contributions?	6 a		Х
not tax deductible?	6 b		
7 Organizations that may receive deductible contributions under section 170(c).		1	
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7 a		X
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7 c		Х
d If 'Yes,' indicate the number of Forms 8282 filed during the year			
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		Х
g if the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		Х
h if the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	7 h		Х
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring			
organization have excess business holdings at any time during the year?	8		
9 Sponsoring organizations maintaining donor advised funds.			
a Did the sponsoring organization make any taxable distributions under section 4966?	9 a		ı
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 b		
10 Section 501(c)(7) organizations. Enter			
a Initiation fees and capital contributions included on Part VIII, line 12		ļ	i
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10 b			ļ
11 Section 501(c)(12) organizations. Enter			
a Gross income from members or shareholders		Ì	ļ
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			<b></b>
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year			
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a is the organization licensed to issue qualified health plans in more than one state?	13 a		
Note. See the instructions for additional information the organization must report on Schedule O		į	į
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	j		
c Enter the amount of reserves on hand			
14a Did the organization receive any payments for indoor tanning services during the tax year?	14 a		X
b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	14 b		

Part VI Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions Section A. Governing Body and Management Yes No 1 a Enter the number of voting members of the governing body at the end of the tax year. . . . . . . If there are material differences in voting rights among members 1 a of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O b Enter the number of voting members included in line 1a, above, who are independent . . . . . 0 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Χ 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision Х of officers, directors, or trustees, or key employees to a management company or other person? . . . . . 3 Did the organization make any significant changes to its governing documents X 4 X Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Χ 6 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more Х b Are any governance decisions of the organization reserved to (or subject to approval by) members, 7 b Χ Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following 8 a Х b Each committee with authority to act on behalf of the governing body? . . . . . . . . . . . . . . 8 b Χ Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the Х Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code No Χ 10a b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?.............. X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . . . . 11 a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13...... Χ 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in 12c 13 Χ Х 14 Did the organization have a written document retention and destruction policy?........... 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? Х Χ If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a 16 a Х b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed ▶ Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Other (explain in Schedule O) Another's website X Upon request Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year State the name, address, and telephone number of the person who possesses the organization's books and records 50312 (515) 288-0715 1620 PLEASANT MOINES

,	Independent Contractors	_
	Check if Schedule O contains a response or note to any line in this Part VII	

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees 1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the

- organization's tax year
- · List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees, if any See instructions for definition of 'key employee'
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons.

Check this box if neither the organization nor any rela	ted organi	zatio	n co	mpe	ensa	ited a	iny	current officer, dire	ctor, or trustee	
		(C)								
(A) Name and Title		thar	Position (do not check more than one box, unless person is both an officer and a director/trustee)				on	(D)  Reportable compensation from the organization	(E)  Reportable compensation from related organizations	(F) Estimated amount of other compensation
	<u> </u>	or director	Insututional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1) JACK PORTER PRESIDENT	_5.00	X		Х				0.	0.	0.
(2) DAVID MOWITZ TREASURER	_5.00	Х		Х				0.	0.	0.
(3) SHERRILYN STEWART DIRECTOR	1.50	Х		X				0.	0.	0.
	_1.50	х		Х				0.	0.	0.
(5) BRYAN SMITH DIRECTOR	1.50	Х		Х				0.	0.	0.
(6)	- <b>-</b> -						į			
_(7)										
(8)										
(9)										
(10)										
(11)				_			_			
(12)										
(13)				-						
(14)						-				
BAA	TEEA0	107	11/16	/16	<u> </u>	<u>'                                    </u>	<del>'</del> -	<u> </u>		Form 990 (2016)

Part VII Section A. Officers, Directors, Tru	istees, l	Key	Em	plq	oye	es,	and	d Highest Con	pensated Emp	loyee	s (cont	inued)
•	(B)			•	C)							
(A) Name and title	Average hours per week	box	, unie	heck ss pe	rson	than o is both or/trus	an tee)	(D)  Reportable compensation from	(E) Reportable compensation from	amo	(F) stimated unt of oth	ner
	(list any hours for	Individual or director	Former Highest compensated employee Key employee Officer Institutional trustee Individual trustee or director		the organization (W-2/1099-MISC) related organization (W-2/1099-MISC)		ons compensation  (C) from the organization and related		1			
	related organiza - tions below	ctor trus	nstitutional trustee	Ì	nployee	ee ( compe				org	anızatıon	15
	dotted line)	tee	stee			nsated						
<u>(15)</u>												
(16)						-						
(17)				-							-	
(18)				-		-	-					
(19)												
(20)												
(21)				· ·						<del></del>		
(22)												
(23)												
(24)	<b>-</b> -											
(25)												
1 b Sub-total						• •	>	0.	0.			0.
c Total from continuation sheets to Part VII, Section d Total (add lines 1b and 1c)							•	0.	0.		<del>_</del>	
Total number of individuals (including but not limited						_	eive			npensa	tion	0.
from the organization ►									<u> </u>			
											Yes	No
3 Did the organization list any former officer, director, on line 1a? If 'Yes, complete Schedule J for such in										. 3		X
For any individual listed on line 1a, is the sum of rep the organization and related organizations greater the	nan \$150,6	2002	If 'Y	es, '	com	plete	∍ Sc	hedule J for				
<ul><li>such individual</li></ul>	ompensati	on fr	om a	any i	unre	lated	lorg	janization or individ		4		X X
for services rendered to the organization? If 'Yes,' consection B. Independent Contractors	omplete S	cned	ule .	i tor	suc	n pei	rson	<u>'</u>		.   5	<u> </u>	_^_
Complete this table for your five highest compensation from the organization. Report compensation.	ed indepe nsation foi	nden the	t cor cale	ntrac nda	tors yea	that ar en	rec	eived more than \$ with or within the	100,000 of organization's tax ye	ar		
(A) Name and business address  (B) Description of services  Compe							C) nsatio	n				
2 Total number of independent contractors (including	but not lim	uted	to th	ose	liste	ed ah	ove	) who received mo	re than			
\$100,000 of compensation from the organization	<b>&gt;</b>		_ •••									

	Check if Schedule O contains a response or not	e to any line in this Part VIII .			
		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts	1 a Federated campaigns 1 a				
ie i	b Membership dues 1 b				
S, E	c Fundraising events 1 c				
a SE	d Related organizations 1 d				
Si ji	e Government grants (contributions) 1 e 60	0,000.			
Contributions, Gifts, Grants and Other Similar Amounts	f All other contributions, gifts, grants, and similar amounts not included above	3,000.			
E E	g Noncash contributions included in lines 1a-1f \$		1		
<u>2</u> <u>E</u>	h Total. Add lines 1a-1f	····▶ 63,000.			
Program Service Revenue	Busines	s Code			
₹	2a				
e E	b				
<u>Ş</u> .	C				
8	d			<del></del>	
ä	e				
2	f All other program service revenue	107,658.	107,658.	0.	0.
		1077030.			
	3 Investment income (including dividends, interest an other similar amounts)	▶ 15,750.	15,750.	0.	0.
	4 Income from investment of tax-exempt bond procee			<del></del>	
	5 Royalties				· · · · · · · · · · · · · · · · · · ·
	6 a Gross rents	Soliai			
	b Less rental expenses				
	c Rental income or (loss)		i		
	· · · · · · · · · · · · · · · · · · ·		[ <del></del>		
	d Net rental income or (loss)				<del></del> ,
	7 a Gross amount from sales of assets other than inventory	utei .			
	b Less cost or other basis and sales expenses				
	c Gain or (loss)				
	d Net gain or (loss)	. , , ▶	l		
nue	8 a Gross income from fundraising events (not including. \$				
ě	of contributions reported on line 1c)				
Other Revenu	See Part IV, line 18 a				
2	b Less direct expenses b				
ರ	c Net income or (loss) from fundraising events	•			
	9 a Gross income from gaming activities See Part IV, line 19 a				
	b Less direct expenses b	<del></del>			j
ł	c Net income or (loss) from gaming activities				
ļ	10 a Gross sales of inventory, less returns and allowances				
	b Less cost of goods sold b				
	c Net income or (loss) from sales of inventory				
ŀ	Miscellaneous Revenue Business				<del></del>
ŀ	11a	<u> </u>	-		
	b				<del></del>
	c		-		
	d All other revenue		-		
	e Total. Add lines 11a-11d	▶			
ŀ	12 Total revenue. See instructions		123,408.	0	

	irt IX Statement of Functional Expen			<u> </u>	<u> </u>
Se	ction•501(c)(3) and 501(c)(4) organizations must co	mplete all columns. All c	other organizations must	complete column (A)	
	Check if Schedule O contains a re	sponse or note to any lir	ne in this Part IX		
Do 6b,	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	19,193.	19,193.		
2	<b>.</b>		13,133.		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				· · · · · · · · · · · · · · · · · · ·
7	Other salaries and wages				
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	_				
11					
	a Management				
	b Legal		· · · · · · · · · · · · · · · · · · ·	<del></del>	
	c Accounting		<del></del>		
	d Lobbying	3,953.	3,953.	0.	0.
	<u> </u>				<del>-</del> -
	Professional fundraising services See Part IV, line 17 .	·			
	f Investment management fees				<del> </del>
12	Advertising and promotion				
13	<u> </u>	5,817.	5,817.	0.	0.
14			3,017.	0.	
15	Royalties				<del></del>
16	Occupancy			<del></del>	
17	Travel				<del></del> -
	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	9,945.	9,945.	0.	0.
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	18,616.	18,616.	0.	0.
	Insurance	4,151.	4,151.	0.	0.
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	UTILITIES & MAINTENANCE	47,597.	47,597.	0.	0.
	TELEPHONE	1,924.	1,924.	0.	0.
	SUPPLIES	893.	893.	0.	0.
	DUES & SUBSCRIPTIONS	45.	45.	0.1	
	All other expenses	920.	920.	0.	0.
	Total functional expenses Add lines 1 through 24e.	113,054.	113,054.	0.	
		113,034.	113,034.		0.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here   SOR 9.3 (ASC 059 730)				
	SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Part X	· · · · · · · · · · · · · · · · · · ·	• • • •	<u></u>
	-		(A) Beginning of year		( <b>B</b> ) End of year
	1	Cash – non-interest-bearing	233,745.	1	146,994.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
တ္	7	Notes and loans receivable, net	9,991.	7	9,991.
Assets	8	Inventories for sale or use		8	
₽ 	9	Prepaid expenses and deferred charges		9	·
	•	Land, buildings, and equipment cost or other basis			
	L	——————————————————————————————————————	1	400	704 005
1		Less accumulated depreciation		10 c	794,995.
	11	Investments — other securities See Part IV. line 11		11	1 101 100
	12		1,137,230.	12	1,104,182.
- 1	13	Investments – program-related See Part IV, line 11 · · · · · · · · · · · · · · · · · ·		13	
ŀ	14	Intangible assets		14	
l	15	Other assets See Part IV, line 11		15	
_	16	Total assets. Add lines 1 through 15 (must equal line 34)	1,658,367.	16	2,056,162.
	17	Accounts payable and accrued expenses		17	
- 1	18	Grants payable		18	<del></del>
- 1	19	Deferred revenue	<del></del>	19	<del></del>
	20	Tax-exempt bond liabilities	<del></del>	20	
ě.	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	<del></del>
Liabilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
ן כי	23	Secured mortgages and notes payable to unrelated third parties		23	324,441.
- 1	24	Unsecured notes and loans payable to unrelated third parties		24	J24,441.
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25		26	324,441.
S		Organizations that follow SFAS 117 (ASC 958), check here ► X and complete			<u> </u>
절	27	lines 27 through 29, and lines 33 and 34.  Unrestricted net assets	1 (50 363	27	1 721 721
ā	27	Temporarily restricted net assets	1,658,367.	28	1,731,721.
ű	28	Permanently restricted net assets			
ן ב	29			29	
Net Assets or Fund Balance		Organizations that do not follow SFAS 117 (ASC 958), check here ► and complete lines 30 through 34.			
3	30	Capital stock or trust principal, or current funds		30	
8	31	Paid-in or capital surplus, or land, building, or equipment fund $\dots \dots \dots$		31	
As	32	Retained earnings, endowment, accumulated income, or other funds		32	
Ę.	33	Total net assets or fund balances	1,658,367.	33	1,731,721.
~	34	Total liabilities and net assets/fund balances	1,658,367.	34	2,056,162.

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Form 990 (2016)

Forn	n 990 (2016) NEIGHBORHOOD INVESTMENT CORPORATION 42-15	22241	F	age 12
Pa	rt XI Reconciliation of Net Assets			
	' Check if Schedule O contains a response or note to any line in this Part XI	. <u></u>	<u></u>	<u> </u>
1	Total revenue (must equal Part VIII, column (A), line 12)	1	186,	408.
2	Total expenses (must equal Part IX, column (A), line 25)	2	113,	054.
3	Revenue less expenses Subtract line 2 from line 1	3	73,	354.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,658,	367.
5	Net unrealized gains (losses) on investments	5		
6		6		
7		7		
8	<u></u>	3		
9		∍		
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,	.		
<u> </u>	column (B))	<u> </u>	<u>1,731,</u>	<u>721.</u>
Pai	rt XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII	· · · · ·		<u> </u>
		-	Yes	
1	Accounting method used to prepare the Form 990 X Cash Accrual Other		furf	<b>≱</b>
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O	ļ	A	*
2:	a Were the organization's financial statements compiled or reviewed by an independent accountant?	}-	2a X	
		· · · · · }		
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both			
	X Separate basis Consolidated basis Both consolidated and separate basis	-		
,	ے اس میں اس اور اس		2 b	l x
•	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate	· · · · ·		12.
	basis, consolidated basis, or both			
	Separate basis Consolidated basis Both consolidated and separate basis	į.		
C	c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2 c	x
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
3 a	a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	, , f	3 a	Х
t	of Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit	ſ		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	<u>.</u> ]	3 b	
RΔΔ			Form 990	(2016)

### SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

Open to Public Inspection

Name	lame of the organization Employer identification number									
NEI		BORHOOD INVESTMENT					42-152224			
Par	t I	Reason for Public Cha	arity Status (All o	rganizations must c	omplet	e this p	oart ) See instructio	ns.		
The	orga	nization is not a private founda	tion because it is (For	lines 1 through 12, chec	k only o	ne box )				
1		A church, convention of churc	thes, or association of	churches described in se	ection 1	70(b)(1)(	(A)(i).			
2		A school described in section	170(b)(1)(A)(ii). (Atta	ch Schedule E (Form 99	0 or 990	-EZ) )				
3		A hospital or a cooperative ho	spital service organiza	ition described in section	n 170(b)	(1)(A)(iii	1).			
4		A medical research organizati	on operated in conjunc	ction with a hospital desc	ribed in	section	170(b)(1)(A)(iii) Enter	the hospital's		
	_	name, city, and state		- <b></b>						
5		An organization operated for t section 170(b)(1)(A)(iv). (Co	the benefit of a college		perated	by a gov	vernmental unit describe	ed in		
6	П	A federal, state, or local gover	rnment or governmenta	al unit described in secti	on 170(l	)(1)(A)(	v).			
7		An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II)								
8		A community trust described in	n section 170(b)(1)(A)	)(vi). (Complete Part II)						
9	$\Box$	An agricultural research organ	nization described in se	ection 170(b)(1)(A)(ix) c	perated	ın conju	nction with a land-grant	college		
	ш	or university or a non-land-gra								
		university								
10	An organization that normally receives (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III)									
11		An organization organized and		•	See sec	tion 509	)(a)(4).			
12										
а		Ines 12a through 12d that des Type I. A supporting organization(s) the power to re complete Part IV, Sections A	tion operated, supervisegularly appoint or elec	sed, or controlled by its s	upported	organiz	zation(s), typically by giv	ing the supported ation You must		
b		Type II. A supporting organiza management of the supporting must complete Part IV, Secti	g organization vested ii	trolled in connection with the same persons that	ıts sup control	orted or or manag	rganization(s), by having ge the supported organi	g control or zation(s) <b>You</b>		
С		Type III functionally integrat organization(s) (see instruction	ted. A supporting organ	nization operated in conr ete Part IV. Sections A.	nection w	uth, and	functionally integrated v	vith, its supported		
d		Type III non-functionally intefunctionally integrated. The organistructions) You must comp	egrated. A supporting	organization operated in	connect	on with	its supported organization	on(s) that is not ement (see		
е		Check this box if the organizat integrated, or Type III non-fund	tion received a written	determination from the I						
f	Ent	er the number of supported org								
g	Pro	vide the following information a	about the supported or	rganization(s)						
	(ı) Na	me of supported organization	(II) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(IV) is organizati in your go docur	on listed overning	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)		
					Yes	No				
	•				103					
(A) _		'						Ì		
· /							<del></del>			
(B)										
·				· · · · · · · · · · · · · · · · · · ·		_		<del></del>		
(C)										
(D)										
<u>,~/_</u> _										
(E)								<u> </u>		
Total			i					i		

## Part II | Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III)

Section A. Public Support								
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2012	<b>(b)</b> 2013	(c) 2014	( <b>d</b> ) 2015	(e) 2016	(f) Total	
1	Gifts, grants, contributions, and membership fees received (Do not include any 'unusual grants')							
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
3	The value of services or facilities furnished by a governmental unit to the organization without charge							
4	Total. Add lines 1 through 3							
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)							
6	Public support. Subtract line 5 from line 4	i						
Sec	tion B. Total Support							
	ndar year (or fiscal year nning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total	
7	Amounts from line 4 · · · · · ·							
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources							
9	Net income from unrelated business activities, whether or not the business is regularly carried on				:			
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)		-					
11	Total support. Add lines 7 through 10							
12	Gross receipts from related activities	es, etc (see instru	ctions)			12		
13	First five years. If the Form 990 is organization, check this box and st						▶ □	
Sec	tion C. Computation of Pul							
14	Public support percentage for 2016	•	-	I, column (f))		14	<u>%</u>	
15	Public support percentage from 20	15 Schedule A, Pa	ert II, line 14			15		
16a	33-1/3% support test—2016. If the and stop here. The organization q	e organization did ualifies as a public	not check the box ly supported organ	on line 13, and line	e 14 is 33-1/3% or	more, check this b	ox ▶	
b	33-1/3% support test—2015. If the and stop here. The organization of	e organization did i jualifies as a public	not check a box or ly supported orga	n line 13 or 16a, an nization	d line 15 is 33-1/3	% or more, check to	nis box ►	
17a	10%-facts-and-circumstances te or more, and if the organization methe organization meets the 'facts-a	ets the 'facts-and-	circumstances' tes	st check this box a	nd stop here. Exp	lain in Part VI how		
b	10%-facts-and-circumstances te or more, and if the organization meorganization meets the facts-and-companization meets-and-companization mee	st—2015. If the orgets the 'facts-and- circumstances' test	ganization did not circumstances' tes The organization	check a box on line st, check this box a n qualifies as a pub	e 13, 16a, 16b, or 1 nd <b>stop here.</b> Exp licly supported org	17a, and line 15 is flain in Part VI how anization	10% the	
18	Private foundation. If the organization	ation did not check	a box on line 13,	16a, 16b, 17a, or 1	7b, check this box	and see instruction	ns ▶	

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II If the organization fails to qualify under the tests listed below, please complete Part II )

Se	ction A. Public Support					<del></del>	
	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received (Do not include			1			
2	any 'unusùal grants ')	0.	0.	0.	0.	63,000.	63,000.
2	merchandise sold or services						
	performed, or facilities						
	furnished in any activity that is related to the organization's						
	tax-exempt purpose	148,117.	160,703.	159,827.	145,491.	107,658.	721 706
3	Gross receipts from activities	110/11	100/103.	133,021.	143,431.	107,030.	721,796.
	that are not an unrelated trade or business under section 513.						
4	Tax revenues levied for the						<u> </u>
-	organization's benefit and						
	either paid to or expended on its behalf						
5	The value of services or				· · · · · · · · · · · · · · · · · · ·		
•	facilities furnished by a						
	governmental unit to the organization without charge	1					
6	Total. Add lines 1 through 5					_	
	Amounts included on lines 1,	148,117.	160,703.	159,827.	145,491.	170,658.	<u>784,796.</u>
	2, and 3 received from	1					
	disqualified persons						
b	Amounts included on lines 2 and 3 received from other than						
	disqualified persons that						
	exceed the greater of \$5,000 or						
	1% of the amount on line 13 for the year						
_	Add lines 7a and 7b						
8	Public support. (Subtract line						
0	7c from line 6)			,		•	784,796.
Sec	tion B. Total Support		·	<u> </u>	'	···· ·	704,790.
Caler	idar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Amounts from line 6	148,117.	160,703.	159,827.	145,491.	170,658.	784,796.
10a	Gross income from interest, dividends,	110/11/1	100,703.		140,491.		704,790.
	payments received on securities loans,						
	rents, royalties and income from similar sources	15,750.	15,750.	15,750.	15,750.	15,750.	70 750
b	Unrelated business taxable	13,730.	10,700.	13,730.	13,730.	13,730.	78,750.
	income (less section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b	15,750.	15,750.	15,750.	15,750.	15,750.	78,750.
11	Net income from unrelated business				10,7	137730.	70,750.
	activities not included in line 10b, whether or not the business is						
	regularly carried on					1	
12	Other income Do not include					-	
	gain or loss from the sale of capital assets (Explain in						
	Part VI )						
13	Total support. (Add lines 9,						
4.4	10c, 11, and 12)		176,453.l	175,577.	161,241.	186,408.	863,546.
14	First five years. If the Form 990 is organization, check this box and st	or the organization	n's first, second, ti	nird, fourth, or fifth	tax year as a secti	on 501(c)(3)	
Sec	tion C. Computation of Put	olic Support Pe	ercentage				
15	Public support percentage for 2016			, column (f))		15	90.88 %
16	Public support percentage from 20	15 Schedule A, Par	t III, line 15			16	90.15 %
Sec	tion D. Computation of Inve	estment Incom	e Percentage			<u>' L</u>	
17	Investment income percentage for				1	17	9.12 %
18	Investment income percentage from						9.85 %
19a	33-1/3% support tests-2016. If th	ne organization did	not check the box	on line 14, and line	e 15 is more than :	33-1/3% and line 1	7
	is not more than 33-1/3%, check th	is box and stop he	re. The organizati	on qualifies as a pi	ublicly supported o	rganization	<b>▶</b>  X
b	33-1/3% support tests-2015. If the	e organization did	not check a box of	n line 14 or line 19	a and line 16 is m	ore than 33-1/3%	and
20	line 18 is not more than 33-1/3%, o	neck this box and s	stop nere. The org	ganization qualifies	as a publicly supp	orted organization	· · · · · • 🟲 📙
40	Private foundation. If the organiza	ation aid not check	a dox on line 14, 1	isa, or 19b, check	this box and see in	istructions	• • • • •

42-1522241

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

### Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If 'No,' describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If 'Yes,' explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2)	2		
3	a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) and (c) below	3a		
l	b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If 'Yes,' describe in Part VI when and how the organization made the determination	3b		
•	c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in Part VI what controls the organization put in place to ensure such use	3c		
	a Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked 12a or 12b in Part I, answer (b) and (c) below	4a		
ŀ	b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations	4b		
(	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If 'Yes,' explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes	4c		
5	a Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)	5a		
t	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
C	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If 'Yes,' provide detail in Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor or a 35% controlled entity with regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ)	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,' complete Part I of Schedule L. (Form 990 or 990-EZ)	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If 'Yes,' provide detail in <b>Part VI</b>	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in Part VI	9b		
	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If 'Yes,' provide detail in Part VI	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If 'Yes,' answer 10b below	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	10b		

Pa	rt IV   Supporting Organizations (continued)			
11	.  Has the organization accepted a gift or contribution from any of the following persons?		Yes	No
	a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the			
	governing body of a supported organization?	11a		
	b A family member of a person described in (a) above?	11b		
	c A 35% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI.	11c		
Sec	ction B. Type I Supporting Organizations			1
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint	-	Yes	No
	or elect at least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' describe in Part VI how the supported organization's effectively operated, supervised, or controlled the organization's activities			
	If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any,			
	applied to such powers during the tax year	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If 'Yes,' explain in Part VI how providing such			
	benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization	2		ļ
Sec	etion C. Type II Supporting Organizations			
	ype weeppersing organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees			
	of each of the organization's supported organization(s)? If 'No,' describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
Ī	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	ŀ		
•	organization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)	2		
•		-		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at			
	all times during the tax year? If 'Yes,' describe in Part VI the role the organization's supported organizations played in this regard	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
	The organization satisfied the Activities Test Complete line 2 below			
t	The organization is the parent of each of its supported organizations. Complete line 3 below			
(	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see instruction)	ons)		
		,		
	Activities Test Answer (a) and (b) below.		Yes	No
â	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those supported			
	organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted			
	substantially all of its activities	2a		
ŧ	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of		į	
	the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the			
	organization's involvement	2b		<del></del>
3	Parent of Supported Organizations Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
h	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its	<del></del>		
	supported organizations? If 'Yes,' describe in Part VI the role played by the organization in this regard	3b		

Part V   Type III Non-Functionally Integrated 509(a)(3) Supporting	g Organizat	ions	
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organization	trust on Nov 20 ations must coi	l, 1970 (explain in Part inplete Sections A throu	VI) <b>See</b> igh E
Section A – Adjusted Net Income	(B) Current Year (optional)		
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	s 6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	· ·	
Section B Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see instructions for short ax year or assets held for part of year)	ort		
a Average monthly value of securities	1 a		
<b>b</b> Average monthly cash balances	1 b		
c Fair market value of other non-exempt-use assets	1 c		
d Total (add lines 1a, 1b, and 1c)	1 d		
e Discount claimed for blockage or other factors (explain in detail in Part VI)			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 035	6	<u> </u>	
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C — Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	···	
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5	· · · · · · · · · · · · · · · · · · ·	
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functionally ir (see instructions)	itegrated Type	III supporting organizat	on
BAA		Schedule A (Fe	orm 990 or 990-EZ) 2016

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Si	upporting Organiz	ations (continued)	<del>-</del>
Sec	tion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt purpos	<u> </u>		
2	Amounts paid to perform activity that directly furthers exempt purposes in excess of income from activity	ons,		
3	Administrative expenses paid to accomplish exempt purposes of suppo	orted organizations		
4	Amounts paid to acquire exempt-use assets			
- 5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI) See instructions			
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which the organization Part VI) See instructions	ation is responsive (provi	ide details	
9	Distributable amount for 2016 from Section C, line 6		<del></del>	
10	Line 8 amount divided by Line 9 amount	····		
 Sec	tion E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016 (reasonable cause required — explain in Part VI) See instructions			
3	Excess distributions carryover, if any, to 2016			
a				
b				
С	From 2013			
d	From 2014			
е	From 2015			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2016 distributable amount			
i	Carryover from 2011 not applied (see instructions)			
j	Remainder Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2016 from Section D,			
	line 7 \$			
a	Applied to underdistributions of prior years			
_	Applied to 2016 distributable amount			
	Remainder Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2016, if any Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions			
6	Remaining underdistributions for 2016 Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions			
7	Excess distributions carryover to 2017. Add lines 3j and 4c			
8	Breakdown of line 7			
а				
b	Excess from 2013			
С	Excess from 2014			
d	Excess from 2015	· · · · · · · · · · · · · · · · · · ·		
_	Excess from 2016			

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Schedule A (Form 990 or 990-EZ) 2016

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1, Part V, Section B, line 1e, Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information (See instructions)

### SCHEDULE D (Form 990)

Supplemental Financial Statements

Complete if the organization answered 'Yes' on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047 2016

Department of the Treasury Internal Revenue Service Name of the organization

Open to Public n990. Inspection
Employer identification number

	NEIGHBORHOOD INVESTMENT CORPORATION			42-1522241
Pa	Organizations Maintaining Donor Advised Funds or O Complete if the organization answered 'Yes' on Form 990	ther Similar Fo , Part IV, line 6	unds or Acc	
	(a) Donor advise	d funds	(b) Fu	nds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			-
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in writing that the are the organization's property, subject to the organization's exclusive legal co	ontrol?	• • • • • • •	· · · · Tyes No
6	Did the organization inform all grantees, donors, and donor advisors in writing for charitable purposes and not for the benefit of the donor or donor advisor, or impermissible private benefit?	that grant funds capr for any other purp	an be used only pose conferring	· · · · Yes No
Pa	Complete if the organization answered 'Yes' on Form 990			
1	Purpose(s) of conservation easements held by the organization (check all that	t apply)		
	Preservation of land for public use (e g , recreation or education)	Preservation	of a historically	mportant land area
	Protection of natural habitat	Preservation	of a certified his	toric structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualified conservation last day of the tax year	contribution in the	form of a conse	vation easement on the
			He	eld at the End of the Tax Year
	a Total number of conservation easements		2a	
1	Total acreage restricted by conservation easements		2 b	
(	Number of conservation easements on a certified historic structure included in	(a)	2c	
(	Number of conservation easements included in (c) acquired after 8/17/06, and structure listed in the National Register	I not on a historic	2d	
3	Number of conservation easements modified, transferred, released, extinguish tax year ►	ned, or terminated	by the organizati	on during the
4	Number of states where property subject to conservation easement is located	•		
5 6	Does the organization have a written policy regarding the periodic monitoring, and enforcement of the conservation easements it holds?			
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, ► \$	and enforcing cons	servation easem	ents during the year
8	Does each conservation easement reported on line 2(d) above satisfy the requand section 170(h)(4)(B)(ii)?	urements of section	n 170(h)(4)(B)(ı)	· · · · Yes No
9	In Part XIII, describe how the organization reports conservation easements in include, if applicable, the text of the footnote to the organization's financial statements	tements that descri	ibes the organiza	ation's accounting for
Par	druganizations Maintaining Collections of Art, Historica Complete if the organization answered 'Yes' on Form 990,	al Treasures, o Part IV, line 8.	or Other Simi	lar Assets.
1 a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to re art, historical treasures, or other similar assets held for public exhibition, educing In Part XIII, the text of the footnote to its financial statements that describes the	ation, or research ir	statement and b n furtherance of	alance sheet works of public service, provide,
t	b If the organization elected, as permitted under SFAS 116 (ASC 958), to report historical treasures, or other similar assets held for public exhibition, education following amounts relating to these items	in its revenue state i, or research in fur	ement and balan therance of publ	ice sheet works of art, ic service, provide the
	(i) Revenue included on Form 990, Part VIII, line 1			▶\$
	(ii) Assets included in Form 990, Part X			▶\$
2	If the organization received or held works of art, historical treasures, or other s amounts required to be reported under SFAS 116 (ASC 958) relating to these	ımılar assets for fin ıtems	nancial gain, prov	vide the following
а	Revenue included on Form 990, Part VIII, line 1			▶\$
L	Assets included in Form 990, Part X			►\$

Part III Organizations Maintaining C	Collections of Art, Histo	orical Treasures, or	Other Similar Ass	ets_(continued)				
3 Using the organization's acquisition, access items (check all that apply)	sion, and other records, check	any of the following that	are a significant use of its	s collection				
a Public exhibition	d 🗍 Loan	or exchange programs						
<b>b</b> Scholarly research	e Other							
c Preservation for future generations								
4 Provide a description of the organization's Part XIII	collections and explain how the	ey further the organization	n's exempt purpose in					
5 During the year, did the organization solicit to be sold to raise funds rather than to be n	naintained as part of the organ	ization's collection?		Yes No				
Part IV Escrow and Custodial Arrar line 9, or reported an amount	<b>igements.</b> Complete if the on Form 990, Part X, line	ne organization ansv e 21.	vered 'Yes' on Form	990, Part IV,				
1 a ls the organization an agent, trustee, custo on Form 990, Part X?	1 a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?							
b If 'Yes,' explain the arrangement in Part XII	l and complete the following ta	ıble	•					
				Amount				
c Beginning balance			. 1 c	<u>-</u>				
d Additions during the year			1 d					
e Distributions during the year			1 e					
f Ending balance			1f					
2 a Did the organization include an amount on	Form 990, Part X, line 21, for	escrow or custodial accou	unt liability?	Yes No				
b If 'Yes,' explain the arrangement in Part XII			· · ·	~ ⊢				
<del></del>	·							
Part V Endowment Funds. Complet	e if the organization ans	wered 'Yes' on Form	1 990, Part IV, line 1	0				
(a) C	urrent year (b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back				
1 a Beginning of year balance								
<b>b</b> Contributions								
c Net investment earnings, gains, and losses								
d Grants or scholarships			<del></del>					
e Other expenditures for facilities and programs								
f Administrative expenses								
g End of year balance								
2 Provide the estimated percentage of the cu	rrent year end balance (line 10	, column (a)) held as		<del></del>				
a Board designated or quasi-endowment	90							
b Permanent endowment ►	00							
c Temporarily restricted endowment ►	*							
The percentages on lines 2a, 2b, and 2c sh								
•	•							
3 a Are there endowment funds not in the poss organization by	ession of the organization that	are held and administere	ed for the	Yes No				
(i) unrelated organizations				3a(i)				
(ii) related organizations				<del></del>				
• •				3a(ii)				
b If 'Yes' on line 3a(ii), are the related organiz	·			30				
4 Describe in Part XIII the intended uses of the		unas		<del></del>				
Part VI Land, Buildings, and Equipm		000 D = 1 10 1 1 1 = - 44 =	0 - F 000 B					
Complete if the organization a	nswered Yes on Form s	990, Part IV, line 11a	See Form 990, Pa	π X, line 10				
Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value				
1 a Land	4,823.			4,823.				
<b>b</b> Buildings	101,177.		36,674.	64,503.				
c Leasehold improvements	810,898.		86,636.	724,262.				
d Equipment			30,004.	1,407.				
e Other								
Total. Add lines 1a through 1e (Column (d) must		mn (B), line 10c)		794,995.				

(11)

Total (Column (b) must equal Form 990, Part X, column (B) line 25 ) . . . ▶

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain

Schedule D (Form 990) 2016 NEIGHBORHOOD INVESTMENT CORPORATION 42	2-1522241	Page 4
Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per R	eturn.	
· Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a		
1 Total revenue, gains, and other support per audited financial statements	. 1	
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a Net unrealized gains (losses) on investments	_	
b Donated services and use of facilities		
c Recoveries of prior year grants		
d Other (Describe in Part XIII )		
e Add lines 2a through 2d · · · · · · · · · · · · · · · · · ·	. 2e	
3 Subtract line 2e from line 1	. 3	
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b Other (Describe in Part XIII )	-	
c Add lines 4a and 4b	4 c	
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	. 5	
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per	Return.	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a		
1 Total expenses and losses per audited financial statements	. 1	
2 Amounts included on line 1 but not on Form 990, Part IX, line 25		_
a Donated services and use of facilities		
b Prior year adjustments	1	
c Other losses	]	
d Other (Describe in Part XIII )		
e Add lines 2a through 2d	2 e	
3 Subtract line 2e from line 1	. 3	

4 b

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

4 Amounts included on Form 990, Part IX, line 25, but not on line 1

Part XIII Supplemental Information.

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Schedule **D** (Form 990) 2016

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### **SCHEDULE O**

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

2016

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the organization

NEIGHBORHOOD INVESTMENT CORPORATION

Employer identification number

42-1522241

THE ORGANIZATION HOLDS A MEETING OF ITS GOVERNING BODY TO GO OVER THE RETURN BEFORE IT IS SIGNED. Pt VI, Line 11b